



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL (FORT WAYNE)

City of Hospital: Fort Wayne

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Travis Rolston

Email Address: trolston@lhn.net

Medicare Provider Number: 150047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$89022917
Outpatient Patient Service Revenue	\$200327884
Total Gross Patient Service Revenue	\$289350801

2. Deductions From Revenue

Contractual Allowance	\$237482751
Other Deductions	\$0
Total Deductions	\$237482751

3. Total Operating Revenue

Net Patient Service Revenue	\$51868050
Other Operating Revenue	\$4782563
Total Operating Revenue	\$56650613

4. Operating Expenses

Salaries and Wages	\$15579070	Employee Benefits	\$5512499
Depreciation and Amortization	\$10379845	Interest Expense	\$31336
Bad Debt	\$764315	Other Expenses	\$31534244
Total Operating Expenses	\$63801309		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7150696	Total Assets	\$135576833
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$135576833

Total Net Gains	\$-7150696
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32566826	\$27490708	\$5076118
Medicaid	\$125985526	\$107558059	\$18427467
Other Government	\$4050875	\$3043933	\$1006942
Other State	\$0	\$0	\$0
Other Payers	\$126747574	\$100154366	\$26593208
Total	\$289350801	\$238247066	\$51103735

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$73299	\$-73299

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$54209	\$-54209
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	119
Number of Hospital Patients Educated	1348
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$1875219
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$408528	
HCI Payments	\$0		
Subtotal	\$0	\$408528	\$-408528
Medicaid Shortfalls	\$18427467	\$27446703	
Subtotal	\$18427467	\$27855231	\$-9427764
DSH Payments	\$0		
Subtotal	\$18427467	\$27855231	\$-9427764
Medicare Shortfalls	\$5076118	\$7092700	
Other Government Programs	\$1006942	\$882504	
Total	\$24510527	\$35830435	\$-11319908

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$4023525	\$-4023525
Other Allocations	\$0	\$0	\$0

Comments

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